



Inactive Provider Beneficiary Form

Personal Information	Name _____ Social Security # _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First MI </div> Telephone (work) _____ Telephone (home) _____																																										
Beneficiary Designation	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: center; border-bottom: 1px solid black;">Name of beneficiary</th> <th style="width: 15%; text-align: center; border-bottom: 1px solid black;">Social Security #</th> <th style="width: 10%; text-align: center; border-bottom: 1px solid black;">%</th> <th style="width: 10%; text-align: center; border-bottom: 1px solid black;">Percentage</th> <th style="width: 10%; text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/> primary</th> <th style="width: 10%; text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/> contingent</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Attach an additional sheet if needed.</p>	Name of beneficiary	Social Security #	%	Percentage	<input type="checkbox"/> primary	<input type="checkbox"/> contingent																																				
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Applicable Accounts <i>Designate which accounts should reflect this designation</i>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> Apply this designation to all of my RIC accounts. (RIC staff will send a copy of this form to your active provider(s) if applicable.) </div> <div> <input type="checkbox"/> Apply this designation to the following accounts only: <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div>																																										
Participant Signature	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> X _____ <div style="text-align: center; font-size: small;">Signature</div> </div> <div style="width: 35%;"> _____ <div style="text-align: center; font-size: small;">Date</div> </div> </div>																																										
Instructions	Mail or fax this completed form to the location listed below.																																										